

CLAIMS ONLY						Application Number <i>10628898</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	I						
2	i						
3	i						
4	i						
5	i						
6	i						
7	i						
8	i						
9	i						
10	i						
11	I						
12	i						
13	i						
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46							
47							
48							
49							
50							
Total Indep	2						
Total Depend	18						
Total Claims	20						